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Session Topic : Improving the Time on Peritoneal Dialysis

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## **Continuous Quality Improvement in a PD Program**

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Peritoneal dialysis (PD) uptake has increased globally and striving for better patient outcome has been an important goal in a high-quality PD program. Despite of global initiatives and PD standards introduced for continued quality of care, PD attrition remains a challenge. The challenges include timely PD access, PD catheter survival, PD related infections, drop-out and death. Therefore, establishing a culture of Continuous Quality Improvement (CQI) in a PD program is an important and critical component for a continuous success in patient outcome. CQI is a progressive incremental improvement in processes, safety, and patient care. There are 6 domains in a CQI that the Institute of Medicine (IOM) has categorised in quality care: safe, effective, patient-centred, timely, efficient, and equitable. A CQI requires good teamwork which include key stakeholder of differing knowledge and experience, and. To initiate a CQI project, the team need to identify the quality gap and brainstormed for an aim statement. The aim statement needs to have an outcome of interest which should be measured through definable metrics designated as primary or secondary with the team having a clear direction. Subsequently, a Plan-Do-Study-Act (PDSA) cycle which is a 4 step process for quality improvement should be done in a small scale number of patient to test the practicality and successful intervention before upscaling to a bigger population of patients. Common pitfall in practicing CQI is not having the right CQI project and area of focus, organizational constraints that may arise as lack of interest, lack of appropriate skills, measurement errors and fallacy of expertise. Although not all CQI yield success, but failures or having negative CQI findings offer learning opportunities for future improvement.

**Keywords:** CQI, Peritoneal Dialysis Program